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PTO/SB/81 (02-01)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/028,999 Application Number December 20, 2001 Filing Dat BLUMENKRANZ, Stephen J. et al. First Named Inv ntor STEWT A TP POWER OF ATTORNEY OR Ceiling and Floor Mounted Surgical Title Robot Set-Up **AUTHORIZATION OF AGENT Group Art Unit** Examiner Name 17516-008310 Attorney Docket Number I hereby appoint: Place Customer Practitioners at Customer Number Number Bar Code 20350 Label here ☐ Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR ☐ Practitioners at Customer Number Firm or Individual Name **Address Address** ZIP State City Country Fax Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record

Assignee Intuitive Surgical, Inc. 40,988 Name Signature NOTE: Signatures of all the inventors or assignees of record of the entire inter st or their representative(s) are required.

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